

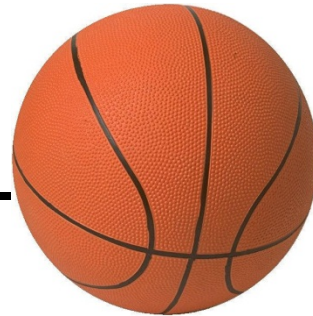


Eastmont Parks & Recreation

This event is licensed by the Amateur Athletic Union of the U.S., Inc. and all participants must have a current AAU membership. Athlete membership cards cost \$14 and coach cards are \$16. These cards are valid September 1, 2014 - August 31, 2015 for all sanctioned AAU events in any sports that make up the AAU program. AAU membership must be obtained before the competition begins and may not be included as part of the entry fee to the event. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership. **Be Prepared: Adult and Non Athlete memberships are no longer instant and cannot be applied for at event. Please allow 10 days for membership to be processed.**

2015 Eastmont Winter Classic

Feb. 20-22, 2015



BOYS & GIRLS 4TH–8TH GRADES

- Entry Fee:** \$195 Make checks payable to Eastmont Parks & Recreation. Any check returned NSF will require a \$35 charge. Space is limited.
- Register:** Mail this completed form and check to:
Eastmont Parks & Recreation
255 N. Georgia Ave. East Wenatchee, WA 98802
(Entry form, head injury form and fees must be included to be considered registered)
- Deadline:** February 6, 2015 **No refund after deadline date!!**
Late registrations are accepted, if there is room in that division.
- Games:** All teams will play a guaranteed 4 games. Tournament schedules will be posted online at www.eastmontparks.com
- Rules:** 2014-2015 High School Federation Rules. Special Technical Foul Rule: Any technical foul or intentional foul, two points awarded and the ball out of bounds. Please view our website for additional rules and a game schedule. www.eastmontparks.com
- Admission:** Admissions will be charged, with one coach and one scorekeeper per game allowed in for free of charge.

Contact

Trina Elmes
Recreation Supervisor
(509) 884-8015
telmes@eastmontparks.com

Eastmont Winter Classic

2015 AAU Team Registration Form

Contact Person: _____ **E-mail address:** _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Coach Name: _____ **E-mail Address:** _____

Home Phone: _____ Cell Phone: _____ AAU #: _____

Team Name: _____ **City Representing:** _____

Check One: **February 20-22 (Deadline February 6, space is limited)**

- | | |
|-----------------------------------|----------------------------------|
| _____ Girls 4 th Grade | _____ Boys 4 th Grade |
| _____ Girls 5 th Grade | _____ Boys 5 th Grade |
| _____ Girls 6 th Grade | _____ Boys 6 th Grade |
| _____ Girls 7 th Grade | _____ Boys 7 th Grade |
| _____ Girls 8 th Grade | _____ Boys 8 th Grade |

OFFICE USE ONLY

Date Received: _____

REG CONC PAID

Check #: _____

<u>Name (First Last)</u>	<u>Birth Date</u>	<u>Grade</u>	<u>School</u>	<u>2014-15 AAU Card</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

Mail Entry Fee of \$195 plus this entry form to: Eastmont Parks & Recreation, 255 N Georgia, East Wenatchee, WA 98802

AAU Member Club Compliance Form

CONCUSSION LAW REQUIREMENTS

Required by AAU Event Operators to participate in AAU sanction events.

HB1824, otherwise known as the Zachery Lystedt Law, was signed into law on May 14, 2009. It requires, as of July 26, 2009, that additional steps be taken regarding concussions in private non-profit youth athletic programs using school district facilities.

This bill requires training and documentation which AAU Member Clubs must adhere to. AAU players and their parents/guardians must meet these minimum requirements:

1. All AAU member coaches will have to take training on the nature and risk of concussions and head injury including continuing to play after a concussion or head injury.
2. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and athlete's parents/guardian prior to the youth athlete's initiating practice or competition.
3. All athletes suspected of suffering a concussion or brain injury will be removed from practice or competition and not returned to play until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and *Certified* Athletic Trainers).

EASTMONT PARKS & RECREATION

Compliance Statement for HB1824

Youth Sports-Head Injury Policies

This page must accompany each Tournament Entry form. Participation in AAU Sanctioned Events will not be granted until this page is returned and requirements of this application are complete and approved by Eastmont Parks and Recreation/Eastmont Youth Basketball.

Team: _____ Division: _____

Club Name: _____ Club Number: _____

As the AAU Club contact I verify all coaches, athletes and their parent/guardian have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, section 2.

Signed:

AAU Club Contact

Position with AAU Club

Date signed